



Policy Title	Bassano Outdoor Pool – Fee Assistance Program Policy
Authority	Recreation & Leisure Department
Approved (Dates/Motion #)	Originally passed Jul. 22, 2022 (TOB138/22), Revised Feb. 5, 2024 (TOB05/24)
Policy Number	P-TOB72a/007-22
Review	By April 1 Annually
Reviewed by/date	February 5, 2024 – Council

Policy Statement

The purpose of this policy is to provide guidelines for the fee assistance program. The intention of the program is to help low-income individuals and families access the pool for drop-in activities.

The program will come into effect for the 2023 swim season.

Definitions

CAO – means the administrative head of the Town.

Municipal Staff – means employees of the Town.

Participants – means persons that have been approved for the Fee Assistance Program.

Pool – means the Bassano Outdoor Pool.

Pool Management – means the Bassano Outdoor Pool Manager and or their designate.

Pool Staff – means a person employed at the Bassano Outdoor Pool.

Recreation and Community Services Liaison – an administrative staff member of the Town responsible for recreation and leisure.

Town – means the Town of Bassano.

Responsibility

It is the responsibility of all municipal staff to adhere to this policy.

Guidelines

1. These guidelines set out the minimum requirements for a resident to be accepted into the Fee Assistance Program. To be eligible for fee assistance, applicant's income must fall below the Government of Canada's Low Income Cut-Off or Alberta Seniors Benefits eligibility income threshold.

Size of Household	Total Income of All Adults (Line 150)
1	\$28,217
2	\$35,128
3	\$43,187

4	\$52,434
5	\$59,470
6	\$67,073
7 or more	\$74,675
Size of Household	Total Income of All Seniors (Line 150)
Senior (65 years or older) – Single	\$31,080
Senior (65 years or older) - Couple	\$50,720

2. Applicants must provide the following information:
 - a. Address proving, that they are a resident of the Town or Division 6 of the County of Newell.
 - b. Current proof of their Canada Revenue Agency Notice of Assessment or Reassessment for each household member over the age of 18 – Total income is shown on line 150.

OR

Alberta Adult Health Benefits Card.
 - c. Number of adults (18+) living in the household full time.
 - d. Number of children (17 years and younger) living in the household full time.
3. If accepted into the program, applicants will be allocated up to \$50.00 per person per season in subsidy for drop-in swims and activities at the pool. The non-cash subsidy shall be applied to 50% of the admission fee. The applicant is responsible to pay the remainder of the 50% admission fee at the time of use.
4. Access to the Program is non-transferable and does not carry forward year-over-year.
5. The subsidy cannot be used for swimming lessons, aquafit, or any other structured programs as funding assistance is offered through initiative such as Jump Start.

Process

The Town shall allocate \$500.00 per annum to the Fee Assistance Program. Access to the program is based on a first-come, first-served basis.

1. If residents wish to participate in the program, they must submit an application (Schedule A) to the Town.
2. The form will be reviewed by the CAO or designate.
3. Once approved, Municipal Staff will create a punch card for each participant based on the \$50.00 valuation. Punch cards will be sealed to avoid duplication.
4. Punch card recipients must pay the remainder of the 50% admission fee at each visit prior to accessing the pool.
5. Punch card recipients must provide proof of identification at the pool when using the subsidy.

6. Pool Management will be notified of punch card recipients for tracking purposes.

Policy Reference

1. P-TOB72a-001-22 - Pool Operations Plan

END OF POLICY

Amended

BASSANO OUTDOOR POOL FEE ASSISTANCE PROGRAM

APPLICATION FORM

The Fee Assistance Program was developed to help low-income individuals and families access the Bassano Outdoor Pool during public swimming or lane swimming. It does not cover instructor lead programs such as swimming lessons or Aquafit.

This program is first come, first serve as funding is limited. To participate in the program, complete the form below.

CONTACT INFORMATION:

Applicant Contact Information	First Name*	Middle Initial	Last Name*
	Preferred Name (if different from the one above)	Date of Birth* (YYYY-MM-DD)	
Alternate Contact Information	First Name*	Middle Initial	Last Name*
	Preferred Name (if different from the one above)	Date of Birth* (YYYY-MM-DD)	
Residential Address	Address* (Unit #, Street #, Street Name, City)		Postal Code*
Mailing Address	Address* (Unit #, Street #, Street Name, City)		Postal Code*
Email Address	Phone Number	Alternate Phone Number	

Have you participated in the Fee Assistance Program before? Yes No

PROGRAM INFORMATION:

List all the members of the household.

Adults – List all adults living in the family household. Attach a copy of the Canada Revenue Agency Notice of Assessment or Reassessment for each adult family member.

Last Name	First Name	Relationship	Birth Date YYYY-MM-DD	Total Annual Income before Tax (Line 150 from Revenue Canada's Notice of Assessment)	Request Subsidy	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
Grand Total Annual Income						

The personal information requested on this form is being collected for the purpose of course/seminar registration under the authority of the Freedom of Information and Protection of Privacy Act (FOIPP). If you have any questions about the collection of this information, please contact our FOIPP Coordinator at the Town Office (403) 641-3788

Children – under 18 living in the family home.

Last Name	First Name	Date of Birth	Request Subsidy	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

FEE ASSISTANCE PROGRAM REQUIREMENTS AND PROGRAM TERMS:

1. The Fee Assistance Program is first come first serve and will be closed when available funds have been allocated.
2. Participants must be a resident of the Town of Bassano or Division 6 of the County of Newell.
3. The total annual household income falls below the Government of Canada’s Low Income Cut Off and Alberta Seniors Benefit eligibility. See income thresholds below.

Size of Household	Total Income of All Adults (Line 150)
1	\$28,217
2	\$35,128
3	\$43,187
4	\$52,434
5	\$59,470
6	\$67,073
7 or more	\$74,675
Size of Household	Total Income of All Seniors (Line 150)
Senior (65 years or older) – Single	\$31,080
Senior (65 years or older) - Couple	\$50,720

The applicant must provide their Canada Revenue Agency Notice of Assessment or Reassessment for each household member over the age of 18 – Total income is shown on line 150

OR

Alberta Adult Health Benefits Card

4. Program subsidy offsets 50% of admission fees. The subsidy cannot be used for swimming lessons, aquafit, or any other programs.
5. Program subsidy cannot be transferred from one member of the family to another.
6. The subsidy does not carry forward year-over-year. Applicants must reapply annually.

I acknowledge that I have read and understand the fee assistance application requirements and program terms above.

Signature of applicant

Date

OFFICE PORTION

Confirm Total Annual Income (Income falls below the Government of Canada's Low Income Cut-Off income threshold)

Yes No

OR

Alberta Works/Income Support or Assured Income for the Severely Handicapped (AISH) Health Benefits Card Number

Name	Age	Subsidy Amount
Total Subsidy Amount		

Approval for the total subsidy amount: Yes No

CAO Authorization

Date